

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*10/58408Z*

FILING DATE  
*17 FEB 2007*

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/				51					
2	/			/			52						
3	/			/			53						
4	/		/				54						
5	/		/				55						
6	/			/			56						
7	/			/			57						
8	/		/				58						
9	/		/				59						
10	/			/			60						
11	/			/			61						
12	/		/				62						
13	/R		/				63						
14	/		/				64						
15	/		/				65						
16	/		/				66						
17	(D)		/				67						
18	12		/				68						
19	1R		/				69						
20	12		/				70						
21	12		/				71						
22	(D)		/				72						
23	1R		/				73						
24	1P		/				74						
25	12		/				75						
26	1R		/				76						
27	(D)		/				77						
28	(D)		/				78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	15			9									
TOTAL DEP.	112			19									
TOTAL CLAIMS	127			28									